



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
P. O. BOX 3378  
HONOLULU, HAWAII 96801

In reply, please refer to:  
File: CDD/EPI

**Anthrax Alert**  
October 17, 2001

As of 11:00 a.m. October 17<sup>th</sup>, 2001 environmental laboratory analysis of all suspicious substances evaluated by the State Laboratories Division and Navy Environmental Preventive Medicine Unit Six have been **negative** for anthrax spores. There have been no clinical cases of anthrax and no known reports of laboratory specimens positive for anthrax in clinical laboratories in the state. Environmental analysis of suspicious substances for anthrax and monitoring of clinical laboratories for evidence of anthrax will continue.

Asymptomatic persons **WITHOUT** exposure to a documented environmental source of *Bacillus anthracis* spores do not require prophylactic antibiotics. Provide reassurance to the patient about the rarity of infection without known exposure. There is no screening test available for the detection of anthrax infection in an asymptomatic person. Nasopharyngeal swabs and blood serum tests should not be used for diagnosis or screening. They are helpful tools as part of an epidemiologic investigation following a documented source exposure to *B. anthracis*, or to help confirm an actual case.

Post-exposure prophylaxis is indicated in asymptomatic persons **WITH** exposure to an environmental source that has been documented as positive for *B. anthracis* spores. In adults, initial empiric prophylaxis is ciprofloxacin 500 mg orally twice daily. An alternate choice is doxycycline 100 mg orally twice daily. In children, the dose of ciprofloxacin is 15 to 20 mg/kg orally every 12 hours not to exceed a dose of one gram per day. Doxycycline 100 mg orally twice daily can be used in children over 8 years of age. For children less than 8 years of age doxycycline 2.2 mg/kg orally twice daily, not to exceed 100 mg twice daily can also be prescribed. The benefit of using doxycycline in a true anthrax exposure outweighs the potential side effects of the antibiotic. If antibiotic susceptibility studies confirm that the organism is susceptible to penicillin, then the prophylaxis can be changed to oral amoxicillin 40 mg/kg body weight per day divided into three equal doses (not to exceed 500 mg three times daily). The duration of prophylaxis is 60 days.

If patients present with symptoms after exposure to an unknown substance, a standard medical evaluation should be performed to determine the appropriate diagnosis and treatment. Patients should not automatically be assumed to have anthrax unless environmental microbiology tests are positive. For ill patients presenting with symptoms compatible with anthrax, confirm the diagnosis by obtaining appropriate laboratory specimens based upon the clinical form of anthrax that is suspected:

- Inhalational anthrax: blood culture, cerebrospinal fluid tests (if meningeal signs are present), and a chest x-ray.
- Gastrointestinal anthrax: blood culture
- Cutaneous anthrax: vesicular fluid and blood for microbial stains and culture.

In summary, antibiotic treatment specific for anthrax should only be administered if the attending physician strongly suspects anthrax, or if symptoms compatible with anthrax occur in the setting of an environmental exposure positive for anthrax.

More information and details on treatment for anthrax from our Bioterrorism-Related Diseases Manual is available at the Department of Health website at <http://www.state.hi.us/doh/anthrax>.

More detailed information regarding the clinical manifestations, diagnosis, and treatment of anthrax will be sent to you via the U.S. Postal Service.

Sincerely,

A handwritten signature in black ink that reads "Philip Bruno". The signature is written in a cursive, flowing style.

Philip Bruno, D.O., F.A.C.P.  
Chief, Communicable Disease Division